



DEFENDER PROGRAM
GENESEE COUNTY

ATTORNEY FEE PETITION
CIRCUIT COURT
FC CASES

Case Number:

(ex. 18-012345FC)

Attorney Name:

Judge:

Defendant Name:

Extraordinary services (affidavit required)

Total Fees Requested:

		Authorized Fee	Requested Fee
Guilty Plea before Trial	Date <input type="text"/>	\$200.00	
Motion Filed	Date <input type="text"/>	\$85.00	
Motion Hearing	Date <input type="text"/>	\$85.00	
Pre-Trial Conference	Date <input type="text"/> <input type="text"/> <input type="text"/>	\$85.00	
	<input type="text"/> <input type="text"/> <input type="text"/>		
Hearing with Testimony	Date <input type="text"/>	\$150.00	
Written brief (when authorized by judge)		\$150.00	
Preparation for Trial - FC		\$850.00	
Guilty plea or Dismissed day Date of Trial	<input type="text"/>	\$50.00	

First: 1/2 Day Trial A.M.	Date <input type="text"/>	\$475.00	
First: 1/2 Day Trial P.M.	Date <input type="text"/>	\$205.00	
Return for Verdict or further instructions in P.M. or next day	Date <input type="text"/>	\$50.00	
Pre-sentence jail visit	Date <input type="text"/>	\$50.00	
Sentence Date	Date <input type="text"/>	\$150.00	
Attending court when sentence is deferred and attorney appears	Date <input type="text"/>	\$50.00	
Services in District Court upon remand		\$100.00	

I hereby certify that I have necessarily performed the services for which the above fees are requested, and that I have been paid no other fee except as set forth above. I declare that the representations above are true and accurate under the penalty of perjury.

Sign: _____ Counsel Date

I have reviewed the above petition and approve the requested fee.

Approved By: _____ Court Admin. Date

Signed: _____ Circuit Judge Date